12-1203-25 IOWA DEPARTMENT OF NATURAL PESOURCES 12-1204-3538

HAZAR JUS WASTE FEE FORM FOR 200 ACTIVITIES		
U.S. EPA ID NUMBER:	FACILITY ADDRESS:	THIS BOX IS FOR STATE USE ONLY.
MAILING ADDRESS: Brent Kramer	MAYTAG APPLIANCES - AMANA REFRIGERATION 2800 220TH TRAIL MIDDLE AMANA IA 522040001	HAZ WASTE 60.38 CHECK 60.3
MAYTAG APPLIANCES - AMANA REFRIGERATION 2800 220TH TRAIL MIDDLE AMANA IA 522040001	474987 RCRA RECORDS	03-15-2007 #502138CLERK 1 7814 09:59
lowa Code section 455B.424 requires certain hazardous waste handlers to complete this form (even if you do not owe a fee) and pay fees for activities during any portion of calendar year 2006. Conditionally Exempt Small Quantity Generators are not required to pay a fee. A 15% penalty will be assessed on fees received after April 15, 2007. Fees entered on the form are based on data provided by the US EPA (Contact James Terry of the EPA at (913) 551-7126 about incorrect data or addresses.) (Contact Irene Ray at (513) 281-8801 for assistance in completing this form.) To convert liquid to pounds use 1 gallon = 8 pounds. Make checks payable to DNR and mail along with form to DNR, 502 East 9 th Street, Des Moines IA 50319. GOVERNMENT If you are a federal government agency or a government agency in lowa circle Yes, complete the certification section and return this form to the address at the bottom of the page.		
1. HAZARDOUS WASTE GENERATOR FEE (NO	EXEMPTION ALLOWED FOR NUMBER 1)	1 \$25.00
 a. Multiply each ton (up to 2500) of hazardous waste transported off the site where the hazardous waste was generated by \$10.00 and enter that amount. If less than ¼ ton check this box and do not enter a fee. b. Multiply each ton of hazardous waste sent to a hazardous waste disposal facility in lowa by \$40.00 and enter that amount. c. Multiply each ton (up to 500 tons) of hazardous waste treated or destroyed at the site of generation to render the hazardous waste non-hazardous by \$2.00 and enter that amount. 		
2. HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL FEE (NO EXEMPTION ALLOWED FOR NUMBER 2) 2		
 a. Multiply each ton (up to 2500) of hazardous waste transported off the disposal facility site by \$10.00 and enter 2a that amount. If less than ¼ ton check this box ☐ and do not enter a fee. b. Multiply each ton of hazardous waste placed, deposited, dumped, or disposed of onto or into the land at the disposal facility by \$40.00 and enter that amount. c. Multiply each ton (up to 500 tons) of hazardous waste treated or destroyed at the disposal facility to render the 2c hazardous waste non-hazardous by \$2.00 and enter that amount. 		
3. HAZARDOUS WASTE TRANSPORTER FEE (NO EXEMPTION ALLOWED FOR NUMBER 3)	3 0
4. EXEMTIONS (DO NOT APPLY TO FEES IN NUMBERS 1, 2 OR 3) You are exempt from payment of fees in sections 1a, 1b, 1c, and 2a, 2b, 2c for any portion of your waste that meets the following criteria. Check all boxes that apply to you.		
☐ The hazardous waste is reclaimed or reused for energy or materials. ☐ The hazardous waste is transformed into new products that are not wastes. ☐ The hazardous waste is created or retrieved as a result of remedial action at a hazardous waste or hazardous substance disposal site. ☐ The waste is the influent to a wastewater treatment facility that is subject to regulation under section 33 U.S.C. 1317(b) or 33 U.S.C. 1342. ☐ A hazardous waste, which, due to its intrinsic physical, chemical or biological composition, degrades, decomposes or changes physical characteristics so as to be rendered or considered non-hazardous without any form of external mechanical, physical or chemical treatment being introduced. However, such change to a non-hazardous nature must occur within 24 hours of the generation of the hazardous waste before the exemption granted in this paragraph is applicable.		
5. Add amounts entered in sections 1, 2 and 3 and enter the fee due. If you do not owe a fee, enter \$0.00.		
6. Enter 15% penalty if DNR will receive the fee after the April 15, 2007 deadline.		6 0
7. Add amounts in 5 and 6 and enter the total amount due.		
CERTIFICATION I certify that the information contained in this form is true and correct to the best of my knowledge.		
Signature Kunn	Typed or Printed Name Brent Krame	Date Jelephone Municipal A

MAKE CHECKS PAYABLE TO DNR AND MAIL ALONG WITH FORM TO DNR - 502 EAST 9TH STREET - DES MOINES - IA - 50319